

FREQUENTLY ASKED QUESTIONS

How Termination of TakeCare Provider Services Agreement Affects You and Your Rights Under the No Surprises Act

The Provider Services Agreement between GRMC and TakeCare terminates on **September 9, 2026**. Under federal law, TakeCare (not GRMC) is responsible for notifying “Continuing Care Patients” of the termination and of their right to elect continued coverage at GRMC.

A “Continuing Care Patient” is an individual who falls under any of the following:

- Undergoing a course of treatment for a serious and complex condition from GRMC;
- Undergoing a course of institutional or inpatient care from GRMC;
- Scheduled to undergo nonelective surgery from GRMC, including receipt of postoperative care from GRMC with respect to such a surgery;
- Pregnant and undergoing a course of treatment for the pregnancy from GRMC; or
- Is or was determined to be terminally ill and is receiving treatment for such illness from GRMC.

IF YOU BELIEVE YOU QUALIFY, BUT YOU HAVE NOT YET SENT A WRITTEN NOTICE TO TAKECARE OF YOUR ELECTION, YOU SHOULD FILL OUT AND SIGN THE ATTACHED ELECTION FORM, AND EMAIL THE FORM TO THE FOLLOWING:

- 1. TAKE CARE INSURANCE** – arvin.lojo@takecareasia.com
- 2. GRMC** – ccp@grmc.gu

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Q: Can I still come to GRMC if I have TakeCare?

A: Yes. However, beginning September 9, 2026, GRMC will no longer be an in-network provider with TakeCare. For non-emergency services, TakeCare members will generally be treated as self-paying patients, unless you contact TakeCare and elect continuing care coverage in writing. Please call TakeCare immediately and tell them you would like to make a written election for continuing care at GRMC.

Q: Does this mean GRMC will no longer accept TakeCare?

A: Effective September 9, GRMC will no longer be an **in-network provider** for TakeCare. Because individual coverage and benefits can vary, we encourage you to contact TakeCare directly regarding how your plan will cover services received at GRMC.

Q: I don’t want to change doctors or leave GRMC. Can I continue my care there?

A: Anyone can come to GRMC for emergency care. However, beginning September 9, 2026, GRMC will no longer be an in-network provider with TakeCare. For non-emergency services,

TakeCare members will generally be treated as self-paying patients, unless you contact TakeCare and elect continuing care coverage in writing.

Q: Who qualifies as a Continuing Care Patient?

A: Please call TakeCare immediately for details about your case and whether you qualify as a Continuing Care Patient.

Q: I'm currently being treated for cancer at GRMC. Do I have to change facilities?

A: Please fill out the attached Election Form to make a written election for continuing care at GRMC. Send to Takecare and GRMC following the above instructions.

Q: I have an upcoming surgery/procedure at GRMC. What should I do?

A: Please fill out the attached Election Form to make a written election for continuing care at GRMC. Send to Takecare and GRMC following the above instructions.

Q: What if I have an emergency? Can I still go to the GRMC Emergency Department?

A: Yes, if you require emergency medical services. You are responsible for applicable member sharing cost subject to your plan eligibility and benefits with TakeCare.

Q: Will GRMC bill TakeCare for me?

A: If you are a self-pay patient, GRMC will bill you directly. If you are a Continuing Care Patient or receive emergency services, GRMC may bill you and TakeCare.

Q: Can I pay GRMC and then submit my bill to TakeCare for reimbursement?

A: Please call TakeCare immediately regarding your policy benefits.

Q: How much will I have to pay if I continue coming to GRMC?

A: If you are self-pay, you can request a good faith estimate for elective services scheduled at least three (3) days in advance. If TakeCare is providing you with temporary continuing care coverage or if you receive emergency services, your in-network cost sharing will be in accordance with the terms of your plan.

Q: I haven't received anything from TakeCare about Continuing Care. What should I do?

A: If you believe you qualify as a continuing care patients, please fill out the attached Election Form to make a written election for continuing care at GRMC. Send to Takecare and GRMC following the above instructions.

CONTINUING CARE ELECTION FORM
TAKECARE MEMBERS – CONTINUING CARE PATIENTS
FOR TREATMENT AT GRMC
Effective September 9, 2026

1. PATIENT INFORMATION

Patient Full Name: _____ Date of Birth: _____

TakeCare Member ID Number: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

2. Treating Physician at GRMC

Date of next appointment/treatment: _____

Physician / Provider Name: _____

3. Basis for Continuing Care Election. *Check the category that best describes your situation.*

- ☐ **Serious and Complex Condition:** I am undergoing a course of treatment for a serious and complex condition (e.g., cancer treatment, dialysis, or another condition requiring specialized ongoing care).
- ☐ **Institutional or Inpatient Care:** I am currently admitted for institutional or inpatient care.
- ☐ **Scheduled Surgery:** I am currently scheduled for non-elective surgery at GRMC after September 9, 2026, or I am currently receiving postoperative care following such surgery after September 9, 2026.
- ☐ **Pregnancy:** I am pregnant and currently receiving care for the pregnancy at GRMC.
- ☐ **Terminal Illness:** I have been determined to be terminally ill and am receiving treatment for that illness at GRMC.

4. Election

I am requesting to continue receiving care from GRMC and provider under the continuing care protections of the No Surprises Act, and I ask TakeCare to confirm my eligibility and process my election accordingly.

Patient (or Representative) Signature

Date

INSTRUCTIONS: After you fill out and sign the form email a copy to:

TakeCare: arvin.lojo@takecareasia.com

GRMC: ccp@grmc.gu

This form is provided by GRMC as a courtesy to help you exercise your rights under the No Surprises Act. It is not a GRMC form and GRMC does not decide your eligibility. Determination of eligibility is made by TakeCare. Complete this form and submit it directly to TakeCare. Submitting this form does not guarantee that TakeCare will approve continued coverage.